

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								10-049,223			
								APPLICANT(S)			
								CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1							51			
2	1							52			
3	2							53			
4	2							54			
5	2							55			
6	4-1							56			
7	16							57			
8	16-2							58			
9	26							59			
10	2-2							60			
11	20							61			
12	2-2							62			
13	20							63			
14	2-2							64			
15	20							65			
16	2-1							66			
17	16							67			
18								68			
19								69			
20								70			
21								71			
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41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.								TOTAL IND.			
TOTAL DEP.	27							TOTAL DEP.			
TOTAL CLAIMS	28							TOTAL CLAIMS			